

GYNECOLOGY.

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

A Contribution to the Treatment of Gynecological Bleeding.—HENKEL (*Munch. Med. Woch.*, 1911, lviii, 337) mentions the various local and general causes of uterine hemorrhage, but considers especially the etiology and treatment of those cases in which no pathological lesion can be demonstrated. He ascribes many cases of irregular menstruation as well as dysmenorrhœa to variations in the functional activity of the ovarian follicles. These cases may be divided into two general groups, the one exhibiting many follicles with an abnormal activity, the other an unusually small number of follicles with consequent diminution in activity. Since clinical as well as anatomical observations have shown that cyclic changes in the endometrium are dependent upon ovarian activity, it is permissible to assume that an irregularity in this activity may produce alterations in the uterine mucosa which lead to irregular bleeding. Partial resection of hyperfunctionating ovaries has in many instances, been followed by a return of the menstruation to normal and cure of dysmenorrhœa. Should the ovaries be unusually small, as detected by physical examination, he advises ovarian extract together with yohimbin and lecithin, with the idea that such treatment not only has an immediate effect in checking the bleeding, but that it also promotes further development of the ovaries. Henkel looks upon the uterus and ovaries as an integral part of the genital apparatus; removal of the one impairs the activity of the other. He therefore makes it his practice to remove both ovaries with the uterus in cases of myoma. The after-results have been no less favorable than when the ovaries were not sacrificed and the immediate postoperative results have been more satisfactory.

X-ray Treatment of Uterine Hemorrhage.—GAUSS (*Zentbl. f. Gyn.*, 1911, xxv, 394) reports the results of this form of treatment in 100 cases in the Freiburg clinic during the last two years. He discusses these cases from the standpoint of clinical effect, of duration of treatment, and of dosage. On the basis of this experience he has come to the conclusion that cases of benign uterine hemorrhage (*i. e.*, due to myomata or to metropathic conditions) which are not amenable to x-ray treatment positively do not exist, and does not hesitate to continue this form of treatment even in the presence of a secondary anemia with but 15 per cent. of hemoglobin. Of the 100 cases under consideration, 55 were definitely cured, 37 are still under treatment, all showing every prospect of reaching a definite cure, and of the others, a few stopped treatment from purely extraneous reasons, such as cost, etc.; in a few, special contraindications, such as pyelitis, insanity, were present. The cured cases fall into two classes—women

past the climacterium, or with very large myomata; in these amenorrhea was produced; and younger women, or those with small myomata; in these a shrinkage of the tumor and a reduction but not complete cessation of menstruation was aimed at and attained. The average duration of treatment, including all interruptions, many of which were from causes in no way connected with the treatment itself, was three and one-quarter months. The dosage, reckoned on the basis of the total number of minutes that each patient was actually exposed to the rays during the entire treatment, was 234 to 307 "light minutes," according to the class of case, or, expressed in Kienbock's "X-Units," in which 10-X corresponds to an erythema-producing dose, the average of all cases was about 75-X required to produce a cure. Experience has shown that myoma cases require, other conditions being equal, a larger dosage than metropathia cases without tumor, and that cases of either class require a smaller dosage the more advanced the age of the patient, a result that was, of course, to be expected. The nearer together the sittings can be given the better seems to be the result. With the present highly developed technique very large doses can be given without bad effects, but in no case can the final result be attained in less than two months, as the injury to the ovaries produced by the x-rays does not become apparent until the first or second following menstruation.

The Appendix in Gynecology.—LEGUEU (*La Gynécologie*, 1911, xv, 145) states that he makes it a habit to remove every appendix when the abdomen has been opened, whether it appears diseased or not, provided its seeking and removal does not seriously increase the danger of the operation. He has recently examined microscopically a small series of appendices so removed in the course of gynecological operations, with the following results: Of 17 appendices removed during the course of a right-sided or double salpingectomy for salpingitis, 16 showed definite lesions, 15 of these being a peritoneal or subperitoneal inflammation, acute in character, and evidently occurring by way of the lymphatics. In some, but not all of these cases, an acute or chronic inflammation of the mucosa was also present. Of 13 appendices removed during operations for other gynecological affections (extra-uterine pregnancy, ovarian cyst, fibroids, etc.), 3 were normal; in the remaining 10 there were minor lesions without any demonstrable causal relation to the primary affection. Notwithstanding that in these cases the relation between the appendiceal lesion and the primary affection cannot be distinctly shown, as in the case of adnexal inflammations, Legueu recommends, nevertheless, that all appendices be removed in these cases as well, if merely from a prophylactic standpoint.

Compression of the Ureters in Genital Prolapse.—On the basis of two carefully studied postmortem specimens, one of partial and one of complete prolapsus uteri, HIROKAWA (*Deutsch. Zeitschr. f. Chir.*, 1911, cix, 1) has been able to show that a stagnation of the urinary flow, with dilatation of the ureters, reaching at times to the pelvis of the kidney, with the production of hydronephrosis, may occur as a result of compression of the ureters in cases of genital prolapse in woman. The point of compression is always situated in the lower